

PTO/SB/21 (09-04)

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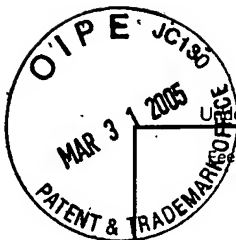
|   |                        |                      |
|---|------------------------|----------------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 10/688,459           |
|   | Filing Date            | October 16, 2003     |
|   | First Named Inventor   | CLARKE, Frank et al. |
|   | Art Unit               | 3728                 |
|   | Examiner Name          | FOSTER, Jimmy G.     |
| Total Number of Pages in This Submission  | Attorney Docket Number | PA1519               |

| ENCLOSURES (Check all that apply)   |   |  |        |
|---|---|--|--------|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> After Allowance Communication to TC                                       |        |
| <input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)   | <input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                |        |
| <input checked="" type="checkbox"/> Extension of Time Request   | <input type="checkbox"/> Terminal Disclaimer  | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)            |        |
| <input type="checkbox"/> Express Abandonment Request  | <input type="checkbox"/> Request for Refund   | <input type="checkbox"/> Proprietary Information   |        |
| <input type="checkbox"/> Information Disclosure Statement   | <input type="checkbox"/> CD, Number of CD(s) _____  | <input type="checkbox"/> Status Letter   |        |
| <input type="checkbox"/> Certified Copy of Priority Document(s)   | <input type="checkbox"/> Landscape Table on CD  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Postcard |        |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | Remarks   |  |        |
| <b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>   |   |  |        |
| Firm Name   | Medtronic Vascular, Inc.  |  |        |
| Signature   |   |  |        |
| Printed name  | Catherine C. Maresh   |  |        |
| Date  | March 28, 2005  | Reg. No.   | 35,268 |

| CERTIFICATE OF TRANSMISSION/MAILING   |                 |      |                |
|---|-----------------|------|----------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: |                 |      |                |
| Signature   |                 |      |                |
| Typed or printed name   | Kimberly Melvin | Date | March 28, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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|   |  |                          |                      |
|---|--|--------------------------|----------------------|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriation Act, 2005 (H.R. 4818) |  | <b>Complete if Known</b> |                      |
| <b>FEE TRANSMITTAL</b><br><b>For FY 2005</b>  |  | Application Number       | 10/688,459           |
|   |  | Filing Date              | October 26, 2003     |
| Applicant claims small entity status. See 37 CFR 1.27   |  | First Named Inventor     | CLARKE, Jimmy et al. |
| <b>TOTAL AMOUNT OF PAYMENT</b>  |  | Art Unit                 | 3728                 |
|   |  | Examiner Name            | FOSTER, Jimmy        |
| (\$) <b>450.00</b>  |  | Attorney Docket Number   | PA1519               |

**METHOD OF PAYMENT** (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: **01-2525** Deposit Account Name: **Medtronic Vascular, Inc.**  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING Fee (\$) | FEES Small Entity Fee (\$) | SEARCH Fee (\$) | FEES Small Entity Fee (\$) | EXAM. Fee (\$) | FEES Small Entity Fee (\$) | Fees Paid (4) |
|------------------|-----------------|----------------------------|-----------------|----------------------------|----------------|----------------------------|---------------|
| Utility          | 300             | 150                        | 500             | 250                        | 200            | 100                        | \$            |
| Design           | 200             | 100                        | 100             | 50                         | 130            | 65                         | \$            |
| Plant            | 200             | 100                        | 300             | 150                        | 160            | 80                         | \$            |
| Reissue          | 300             | 150                        | 500             | 250                        | 600            | 300                        | \$            |
| Provisional      | 200             | 100                        | 0               | 0                          | 0              | 0                          | \$            |

**2. EXCESS CLAIM FEES**

| Fee Description   | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent            | 50       | 25                    |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200      | 100                   |
| Multiple dependent claims   | 360      | 180                   |

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**  
- 20 or HP = \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
HP = highest number of total claims paid for, if greater than 20

**Multiple Dependent Claims**  
**Fee (\$)**      **Fee Paid (\$)**  
\$ \_\_\_\_\_      \$ \_\_\_\_\_

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**  
- 3 or HP = \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**  
- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \$ \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

**Fee Paid (\$)**

\$ \_\_\_\_\_

Other: Petition for Two-Month Extension of Time

**\$450.00****SUBMITTED BY**

|                   |                     |                                   |                |           |              |
|-------------------|---------------------|-----------------------------------|----------------|-----------|--------------|
| Signature         |                     | Registration No. (Attorney/Agent) | 35,268         | Telephone | 707.543.0221 |
| Name (Print/Type) | Catherine C. Maresh | Date                              | March 28, 2005 |           |              |

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